S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1942

Registration District No. 291

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12568

Registrar's No. 4108

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3948 Labadie Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, Mo. 10 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3948 Labadie Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank A. Edler, Sr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wilhelmenia Edler

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 9 (Month) 15 (Day) 1867 (Year)

8. AGE: Years 74 | Months ~~9~~ 7 | Days ~~15~~ 23 | If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Tinner (retired)

11. Industry or business

FATHER
12. Name Anthony Edler
13. Birthplace Germany (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary (unknown)
15. Birthplace Germany (City, town, or county) Germany (State or foreign country)

16. (a) Informant Wilhelmenia Edler
(b) Address 3948 Labadie Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Int. Calvary Cemetery

18. (a) Signature of funeral director SULLIVAN FUNERAL BROS.
(b) Address 2849 North Euclid Ave.

19. (a) MAY 9 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1942 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov 30 41
, 19 , to May 8 1942
that I last saw him alive on May 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Endocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature D. A. Thomson (M. D. or other) M D
Address 3121 N Grand Date signed 5/9-42

(Licensed Embalmer's Statement on Reverse Side)

Dr A U Thomas
3121 Ro Grand Ave

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.